

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **12352**
Registrar's No. **2634**

FILED MAR 31 1953

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| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Centreville Township</u> | | |
| c. LENGTH OF STAY (in this place) <u>9 days</u> | | | d. STREET ADDRESS (If rural, give location) <u>322 Phiffer Road</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SALLIE</u> | | b. (Middle) _____ | | c. (Last) <u>SPEARMAN</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1953</u> | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>April 23, 1883</u> | |
| 9. AGE (in years last birthday) <u>69</u> | | 10. MONTHS <u>7</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |
| 13a. FATHER'S NAME <u>McGoy Campbell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Robert Spearman</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Emma Fletcher-914 Franklin, Madison, Ill.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Arteriosclerosis Disease</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>6 mps</u> |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>4200</u> | |
| 22. I hereby certify that I attended the deceased from <u>4/20</u> , 19 <u>53</u> , to <u>3/6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/6</u> , 19 <u>53</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>1324 Missouri Ave., E. St. Louis, Ill.</u> | | 23c. DATE SIGNED <u>3/9/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>March 10, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>East St. Louis, Illinois</u> | |
| 24d. LOCATION (City, town, or county) (State) _____ | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Funeral Home-E. St. Louis, Ill.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>MAR 10 1953</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Thomas M. Labson

Licensed Embalmer No. 4479
2205 Missouri Ave.

P. O. Address East St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.